

State of Louisiana
Department Of Revenue

Enterprise Zone Program

Claim for Rebate of Louisiana State Sales/Use Taxes Paid

STATE OF LOUISIANA

PARISH OF _____

Taxpayer Name _____
(Name on Enterprise Zone Contract)

Mailing Address _____

City, State, Zip _____

Represented by _____
(Name and Title of Contact Person)

Telephone Number of Contact Person _____

Enterprise Zone Contract Number

Louisiana State Sales/Use Tax Account Number _____

Contract Period(s) _____

1. Total amount paid for period \$ _____

2. Total amount of Rebate due \$ _____

3. Amount of this Rebate Request \$ _____

This Claim for Rebate of Louisiana State Sales/Use Taxes Paid is requested for the following reasons:

Signed _____

(Attach schedules and invoices to this form)